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APPLICANTS

Jonathan H. Connell, Cortlandt Manor, NY;
Norman Haas, Mount Kisco, NY;
Etienne Marcheret, White Plains, NY;
Chalapathy Venkata Neti, Yorktown Heights, NY;
Gerasimos Potamianos, White Plains, NY;

** CONTINUING DATA *****

None AAA

** FOREIGN APPLICATIONS *****

None AAA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Anne Cushing</i> Examiner's Signature	<i>AAA</i> Initials			

ADDRESS

Ryan, Mason & Lewis, LLP
90 Forest Avenue
Locust Valley, NY11560

TITLE

Audio-only backoff in audio-visual speech recognition system

FILING FEE RECEIVED 1084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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